DOCUMENT RESUME

ED 270 958 EC 190 210

AUTHOR	Bruce, Sandy; And Others
TITLE	The SKI-HI Program: A Descriptive Update, 1986.
INSTITUTION	Illinois State Univ., Normal.
PUB DATE	May 86
NOTE	23p.; Prepared at the Laboratory for Applied Research in Special Education. For a related document, see ED 258 396.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Delivery Systems; Demonstration Programs; Early Childhood Education; *Handicap Identification; Hearing Aids; *Hearing Impairments; *Home Instruction; Home Visits; *Infants; *Language Acquisition; *Parent Education; Program Descriptions; Young Children
IDENTIFIERS	*SKI HI Program

ABSTRACT

This document provides updated information on the SKI-HI program model which presently serves over 2000 young hearing impaired children in 35 states and Canada. The program focuses on training parents in the skills needed to maximize language stimulation and minimize language deprivation. Among 14 educational and philosophical underpinnings of the SKI-HI model are early identification, early fitting with binaural amplification, parent training, and provision of necessary family supportive services. The SKI-HI model has four main components: child identification and processing, program management, direct services to families, and supportive services. The home visit curriculum consists of seven units: (1) determining and promoting parent readiness for formal SKI-HI lessons, (2) psycho-emotional support for families, (3) home visit planning, delivery, and reporting; (4) home hearing aid program; (5) home communication program; (6) home auditory program; and (7) home language stimulation program (with parental choice of the aural-oral, or total communication method). Appendixes include sources for SKI-HI program materials and aids, and sample program outlines. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED270958

The SKI-HI Program: A Descriptive Update, 1986

by

Sandy Bruce
Katie Stegeman
Robert Rittenhouse

Laboratory for Applied Research
in Special Education
Illinois State University
Normal

May 1986

EC190210

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Sandy Bruce

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The role of Parent-Infant Programs has become a vital part of education of the hearing impaired in the past 10-15 years. Educators realized that to offset the language delay, they would need to provide services for children below the age of three years. Because there is such a wide range of services available for Parent-Infant Programs, we sent out 55 letters to various parent-infant programs to see what materials they did use. Of these 55 letters, 28 sent information back and 17 of these have SKI-HI replication sites or use SKI-HI materials. We decided to base our project on SKI-HI because the response to it is so positive and the use is becoming widespread throughout the United States.

The SKI-HI project began in 1972 in Utah as a three year demonstration program for the Handicapped Childrens Early Education Program (HCEEP). It was developed as a comprehensive model for identification and home intervention. The initals stand for S tate I nfant H earing I mpaired Project. The K was added for pronunciation. After the three years were completed, the demonstration program became the Utah School for the Deaf's Infant Program and the SKI-HI became an HCEEP Outreach Model. It has been adopted by 35 states which includes 140 agencies in the United States and Canada. Currently, over 2,000 children and their families are being serviced by SKI-HI. The ages serviced by SKI-HI varies with each replication site, but they may service ages zero to school age. SKI-HI also provides a SKI-HI network that includes evaluation services, SKI-HI Newsletter, materials, workshops and consultation. There are also two other programs similar to the SKI-HI model. These include INSITE (In Home Sensory Impaired Training & Education) for multiply handicapped children and Project Intervention for

severly handicapped children.

The program was validated as a good model in 1978 with all of the replication sites. It was at this time that the program became a member of the National Diffusion Network which enables other programs to obtain the SKI-HI model at a fraction of the cost.

The SKI-HI program has a rationale on which their program is based. This rationale states that language is not taught, but it appears in the natural environmental setting. The goal of the program is to provide the parents with the skills to maximize language stimulation and to minimize language deprivation. The language development of the children in the SKI-HI program has been researched rather well. It has been shown that children on this program make an average of 16 months language gain in an 11 month period of time. It has also been shown that the program is much more effective when it is started before the age of two and one half years. Also in six months of time, the students, on the average, gained seven months of receptive language and eight months of expressive language. This is significant because the National Demographic Survey states that hearing impaired children only gain one to two months of language per year. The long-term effects have also been studied and it was shown that these children scored significantly higher on many variables over children who were not in a home intervention program.

With the idea that language stimulation is the goal of the program, there are 14 basic educational and philosophical underpinnings of the Ski-Hi Model. These are:

1. The child should be identified as close to birth as possible.

2. The child should be fitted with binaural amplification at the earliest possible time, perferrably within one month of identification.

3. For optimum amplification, a team auditory-hearing aid management system is established. The audiologist, parent and parent advisors works to select the optimal hearing aid.

4. Binaural, ear level amplification has been shown to be the most effective.

5. This program is based on the principle of assisting the parents to effectively parent their hearing impaired child. The parent advisor teaches, models and advises the parent. She does not work directly with the child unless she is modeling a skill for the parent.

6. SKI-HI is based on an ecological model. This model treats the child and the environment in which he lives.

7. The parents must be taught and assisted in understanding and managing hearing aids.

8. The parents must teach and assist their child in developing their auditory potential.

9. SKI-HI is based on a pragmatic language approach. The parents are taught to be sensitive to their child's attempts at communication through facial expressions and gestures. The parent and child must develop a communication system before a language system can be developed.

10. The parents are given the option of providing their child with an auditory or a total communication approach, to help the child develop their language potential. The program must not bias the parents towards one model over another.

11. The program should provide necessary resources to the parents. These include a hearing aid trial system, hearing aid loner bank, hearing aid models, library materials and a system for learning total communication.

12. Parents should be given a model for using everyday activities to stimulate communication and language.

13. The parent advisor must understand the dynamics of the family she serves.

14. The program should provide necessary supportive services to the family. These include child development assistance, psychological and emotional support, help in locating community resources and financial aid and parent support groups.

There are four main components of the SKI-HI model. These include 1) Child Identification and Processing, 2) Program management, 3) Direct Services to families and 4) Supportive Services.

The Child Identification component includes the screening and referral part of the program. The child may be screened by a high risk questionnaire in the hospital, or may be referred by a professional, an agency or by the parents themselves. There are several checklists available to parents, so that they may identify their child. Some of the questions asked on the checklist include:

1) Birth-3 mo. Is the child startled by loud sounds?
2) 3-6 mo. Does the child search for the location of a sound?
3) 6-10 mo. Does the child respond to his own name, the telephone ringing or to a person's voice?
4) 10-15 mo. Can the child point to and name familar objects and people?

After the child is screened or referred, he is then sent to a otolaryngologists or audiologist for diagnostic services. The Program Management component is the administrative part of the program. This includes training of parent advisors, obtaining materials etc.

The SKI-HI Model Home Visit Curriculum is divided into seven different units. The first three units are supportive services, that provide the parent advisor with important information she will need when dealing with the parents. The last four units are the direct services which are the actual home visit programs used by the parent advisor and the family.

Unit 1 Determining and Promoting Parent Readiness for Formal SKI-HI Lessons: The First Home Visits

It may not always be appropriate for the parent infant advisor to begin immediately with the first part of the home program, because many parents may not be emotionally ready, due to three major factors:

1. Parents may not be nurturing or enjoying their hearing impaired child.

2. Survival needs of the family (clothing and shelter, medical and financial needs) may not be met.

3. Parents may not be emotionally ready to receive and act upon new information.

Because any one or more of these factors may be present the parent advisor must spend time getting to know the family and their needs. The following are specific activities the parent advisor should include in the first visit.

1. Become acquainted with the family: learn the child's background information and let the family become acquainted with your background as a parent advisor.

2. Give a brief, simple explanation of the role of the parent advisor and a description of the program.

3. Ask the parents, "How can I be of help as a parent advisor?"

4. Observe the parents nuturing behaviors and emotional readiness to begin the lessons and observe the survival needs of the family.

The parent advisor may find the family to be very receptive to begin the lessons on the following visit, but for some families it may take three or four visits before they are able to accept the challenges ahead. It is the parent advisor's responsibility to implement specific strategies to deal with any problems the parents may be having.

Unit 2 Psycho-Emotional Support For Families

This unit is intended to give the parent advisor basic knowledge of the psycho-emotional needs of the family. It is not intended to be shared with the parents, but used by the advisor to help achieve the goals of the program. The parent advisor is not to assume the role of a psychologist or counselor, or a healer or miracle worker, but as a "friend", who is able to make realistic assessments of the parent's needs.

This unit deals with three major areas:

1. Family Dynamics
2. The Mourning Process
3. The Role of the Parent Advisor

In the area of Family Dynamics the parent advisor is introduced to the basic elements of the family system. These include the external boundaries (the seperation between the family and the outside world) and the internal boundaries (which divide the family members into sub-groups) and the impact these boundries have on the family system. Also included is the importance of family balance, family communication and family rules.

The Mourning Process discusses the stages of mourning, in order that the parent advisor will understand the emotional turmoil that the grieving parent may be dealing with.

The third part, The Role of the Parent Advisor, is designed to help the parent advisor come into contact with her own personal strengths and weaknesses. To become an effective helper, the parent advisor must have good self awareness, be able to identify her strengths and weaknesses, be

aware of her communication style (is she affective), and have an open mind when determining the needs of the family (must be able to keep emotions out of the assessment).

The parent advisor who is able to achieve all of the above, will be able to establish a good rapport and will develop the trust of the family. These are the two key elements to being a successful parent advisor. Unit two includes self evaluation activities to help the parent advisor to achieve these goals.

Unit 3 Home Visit Planning, Delivery, and Reporting

It is very important that the parent advisor have a well planned lesson before visiting the home. If the visit is not well planned it can easily become nothing more than a social visit. Planned activities need to be included, but yet the parent advisor must be able to expand on any spontaneous events that may occur during the visit. The parent advisor must always remember that the program is intended to be completely individualized. In preparing a home visit, the parent advisor should do the following:

1. Consider the needs or ideas that came up during the last home visit.

2. Note the child's auditory, communication and language levels.

3. Note the specific levels of parent competence; consider the parent's style of interacting with their child.

4. Review the specific developmental skills in the various home programs.

5. Check last weeks lesson plan and challenges.

6. Using the lesson format and steps for teaching that are included with the curriculum program, write the plan for the home visit, keeping in mind each of the above.

When delivering the home visit the parent advisor should follow the lesson format outlined in the curriculum, keeping in mind the individual parent. The format includes outline/parent objectives, materials needed, lesson content, review questions for the parents, sample activities and challenges, and teaching suggestions specific to the skill or topic.

Also included is a teaching procedure developed especially for the SKI-HI program. The following teaching strategies should be used when teaching parents a skill:

1. The Parent advisor describes the skill: what it is, why it is important, and how it applies to the particular child.

2. The Parent advisor models the skill using the hearing impaired child.

3. The Parent carries out the skill with the child.

4. The Parent advisor reinforces specific things the parent does well.

5. The Parent advisor and the parent discuss the parent's experience with the skill, such as how the parent felt about doing it, how the parent would have done it differently, and other situations were the skill can be used.

6. The Parent advisor makes a list of challenges that the parent will do during the week.

The final component of the unit is reporting. This includes the assessment and evaluation of the child's progress and the parent's progress, and the parent advisor submitting the informatioon to the SKI-HI program.

There are two ways of assessing the child's progress. The first way is the parent report. Parents record the progress of their child on three checklists (Hearing Aid Wearing Time Checklist, Auditory Development

Checklist, and Communication-Language Checklist). This information is reported to the parent advisor on a weekly basis. Each cheklist is included in the Parent Notebook.

The second means of assessing the child's progress is thru the parent advisor administering various assessment test. The Language Development Scale (LDS) is given twice a year. The SKI-HI Receptive Language Test may also be given. Complete instructions for administering and scoring the test may be obtained from the SKI-HI program.

To determine the progress of the parents, the parent advisor should go back to the objectives for each particular skill, after the skill has been taught and ask the following questions: "Has the parent demonstrated accomplishment of the objective by : a) modeling back the skill to me after I have modeled the skill to the parent or b) spontaneously performing the skill during the home visit or c) reporting use of the skill during the preceding week."

As the parent advisor completes the assessments of both the child and the parents the SKI-HI Data Sheet should be completed and submitted to the SKI-HI Evaluation Research Center at the University of Virginia. It highly recommended that the data sheet be sent in for evaluation as they are completed, but it is not mandatory. However, once a year, in May, the parent advisor must send copies of the master data sheet to the Research Center for evaluation. Trained personnel provide feedback and reinforcement for the parent advisor.

Unit 4 Home Hearing Aid Program

This is the first of the four home visit programs included in the SKI-HI curriculum. The goals of the Home Hearing Aid Program include:

1. All children will be properly fitted with hearing aids and earmolds that allow maximum use of residual hearing sensitivity.

2. The child will accept the hearing aid within the first few weeks after the fitting.

3. The parents will demonstrate understanding of the important skills and concepts in the hearing aid lessons which include the importance of appropriate, consistent amplification; as well as hands-on skills such as the daily listening check, trouble shooting for feedback and caring for the hearing aid.

The program consists of nine lessons and an appendix. Each lesson consists of an outline, parent objectives, materials, discussion, teaching strategies, review questions, sample challenges, notes/supplemental information and reference/reading lists. Lessons 1,2,3 and 4 are informational lessons and should be given before the hearing aid fitting. Lessons 5,6 and 7 are skill lessons. If needed any of the first seven lessons may be divided into two home visits to help the parents learn the material easier. Lesson 8 and lesson 9 is a competency test to help the parent advisor determine whether or not to continue on to the Auditory Program. Some parents may need additional review of the concepts being taught before moving on. Remember each parent is to be considered as an individual.

The following lessons make up the home hearing aid program:

Lesson 1: Hearing for Language, Sound

Lesson 2: Perception of Speech

Lesson 3: Anatomy of the Ear, Causes and Types of Hearing Losses

Lesson 4: Measuring Hearing Losses, Preparation for Fitting

Lesson 5: Parts and Functions of the Aids, Putting on the Aids, Selecting the Best Aids

Lesson 6: Daily Listening Check, Downs' Approach

Lesson 7: Care of the Hearing Aid and Trouble Shooting For Feedback Source

Lesson 8: Review of Lessons 1-7 and "Maintaining Child's Hearing Aid-The Role of Parents" (revised Downs)

Lesson 9: "Sound Approach," "Changing Sounds," Competency Test"

Appendix: Consumer Information for Parents, Radio-Frequency-Modulated Systems, A Guide to Special Earmolds and Tubing.

Detailed teaching strategies are included with this program and all SKI-HI programs to assist the parent advisor in providing the most benefical experience for the parents.

Unit 5 Home Communication Program

This is the second home program in the SKI-HI curriculum. The goals of this program are as follows:

1. Parents will understand how communication develops and its importance for language development.

2. Parents will develop the essential skills to foster and stimulate effective parent-child communication.

3. Parents will monitor and evaluate their child's communication behaviors.

4. Parents will arrive at a communication methodology decision appropriate for the child and the entire family.

This program is divided into 12 information lessons and 15 skill lessons. The following is an overview of the lessons:

Assessment

Information Lessons:

I. Importance of Communicative Interaction
II. How an Infant Learns to Communicate
III. Signals Important for Communication
IV. Infant Communication: Why a Child Communicates
V. Infant Communication: How a Child Communicates
VI. Introduction to Aural-Oralism and Total Communication
VII. Evaluation for Aural-Oralism or Total Communication-1
VIII. Evaluation for Aural-Oralism or Total Communication-2
IX. Parent Communication: Motherese
X. Parent Communication: Interaction and Conversation
XI. Parent Communication: Reinforcement
XII. Communication Through Experience Pictures

Skill Lessons:

A. Establishing an Effective Communicative Setting
1. Minimize Background Noise
2. Encourage Child to Explore and Play
3. Serve as Communication Consultant
4. Use Interactive Turn-Taking
5. Get Down to Child's Level
6. Maintain Eye Contact and Direct Conversation to Child

B. Establishing Effective Non-Verbal Communication
7. Use Facial Expressions
8. Use Intonation
9. Use Natural Gestures
10. Touch Child

C. Establishing Effective Verbal Communication
11. Respond to Child's Cry
12. Stimulate Babbling
13. Identify and Respond to Communicative Intents
14. Use Conversational Turn-Taking
15. Use Meaningful Conversation

Again, teaching strategies are provided for this program to assist the parent advisor.

A very important aspect of this program is that the parent is given information on the Aural-Oral and Total Communication methods of communication. An assessment is done for each method to determine the

appropriate method to be used by the parents and the child. The assessment and the decision is not made within a matter of a few days or weeks, but after months of exploring the different options with the parents and the parent advisor exploring the feelings of the parents. The program stresses that there is no one best method for all children and their families.

Unit 6 Home Auditory Program

There are five goals that should be included in any auditory program. They are: a) early identification, b) early fitting of amplification, c) a means of evaluating the infant for the correct aid, d) operable aids are being worn full time by the child, e) a means of teaching the child to use his residual hearing so that he is able to hear and derive meaning from the vocalizations of others and relate them to his own vocal productions.

The first four goals were included in the goals of the Home Hearing Aid Program. The fifth is the goal of the Home Auditory Program. The SKI-HI curriculum stresses the development of auditory, vocal, linguistic and communicative skills within the context of the child's cognitive, social and emotional needs.

There are four phases and eleven skills of the auditory program, which encompass 20 sub skills. The program includes the use of auditory cues, criteria for moving to a higher auditory phase and dealing with children who have total hearing losses. Each topic is completely discussed in the curriculum guide. Please see the attached sheets for an overview of the Home Auditory Program.

Unit 7 Home Language Stimulation Program

This is the final home program in the SKI-HI curriculum. By now, the child has developed definite interactive and communicative skills and the communicative methodology decision has been made by the parents. This program includes two parts: an Aural-Oral section, for the parents who have chosen this method, and a Total Communication section, for the parents who have chosen this method. Each section has been developed on the same fundamental language assumptions:

1. Language involves the interaction of: a) content -what a child communicates, b) form -how a child communicates, c) use -why a child communicates.

2. Natural parent-child interactions and conversations are the processes for language development.

3. Normal language development should be the basis of the content of the program.

4. Language behaviors are an essential means of assessing language levels and progress.

The philosophy of the SKI-HI curriculum is to help the parents in creating a natural, stimulating home environment that will encourage language growth thru a wide range of interactions and conversations.

Home Language Stimulation Program: Aural-Oral

The specific goals of this program are:

1. The parents will incorporate verbal stimulation, modeling, and reinforcement skills into their daily interactions and conversations with the child.

2. The child will respond verbally to this stimulation and increase his ability to communicate thoughts and feelings for a wider range of reasons.

The program is divided into six skill lessons.

1. Use Conversation in Four Language Areas.
2. Select Appropriate Target Words and Phrases.
3. Increase Use of Target Words and Phrases.
4. Reinforce Child's Expressive Language.
5. Expand Child's Language Attempts.
6. Maintain Naturalness.

Additional concepts and skills which are unique to the use of the aural-oral approach are included in the curriculum manual. Specific activities are also included at various age levels that should be used when implementing this program.

Home Language Stimulation Program: Total Communication

The goal of the total communication program is to enable all family members to learn total communication and to use it consistently and effectivly in the home.

The program involves two basic parts:

1. Family members learn to sign (if possible utilize the SKI-HI video program).

2. Family members are given ten lessons on using total communication consistently and effectivly. For an overview of the ten lessons please see the attached sheet.

The total communication program includes all of the language stimulation skills as the aural-oral program, also included are additional concepts and skills unique to the use of total communication, which are included in the curriculum manual. Specific activities are included for the total communication program as in the aural-oral approach.

The SKI-HI program has been researched, developed and experienced over the past 14 years. It has been proven to be a very effective model for parent-infant programs. Carol Babash at the West Virginia School for the Deaf states that this program is "fun and exciting. The children and parents are eager to learn." It is for these reasons that we endorse the use of the SKI-HI for any parent-infant program.

Appendix

Information for parents about hearing aids:

"Your Child's Hearing Aid"
Dormac Inc.
Box 1622

Lake Oswego, Oregon 97034

"Orientation to Hearing Aids" by Jaclyn S. Gauger
A.B. Bell Association for the Deaf
3417 Volta Place, N.W.
Washington, D.C. 20007

"Caring for a Child's Hearing Aid"
Zenith Hearing Instrument Corp.
6501 West Grand Ave.
Chicago, IL 60635

Oticon Hearing Aid Company
999 Stone Street
Union, NJ 07083

SKI-HI material available from:

SKI-HI Institute
Department of Communicative Disorders
UMC 10
Utah State University
Logan, Utah 84322

Material available from A.G. Bell Association:

I Heard That!
Hearing Alert!
My Child Comes With Directions
A Parent's Program in a school for the deaf
A.G. Bell Complete Parent Kit
Curriculum Guide: Hearing Impaired Infants Through Amplification and Home Intervention

Parent Education Resource Manual:
Gallaudet Press
Kendall Green
Washington, DC 20002

Educating Handicapped Infants: Issues in Development and Intervention
Aspen Systems Corporation 1983
Rockville, MD

Parent-Infant Communication:
Dormac Inc.
Box 1622
Lake Oswego, Oregon 97034

Materials available from the John Tracy Clinic Correspondence Course:
Play it by ear!
Getting your baby to talk

John Tracy Clinic
806 W. Adams Blvd.
Los Angeles, CA 90007

Baby Buggy Papers-servicing children 0-3 yrs. in Macomb area:

OUTREACH: Macomb 0-3 Regional Project
Rural Child/Parent Service
27 Horrabin Hall
Western Illinois University
Macomb, IL 61455

Dear Mom and Dad Letters: tells about infant development

Project HOPE
San Diego County Department of Education
6401 Linda Vista Road
San Diego CA 92111-7399

Battelle Developmental Inventory:

DLM Teaching Resources
One DLM Park
P.O. Box 4000
Allen, Texas 75002

Portage Guide to Early Education:

Portage Project
CESA 12 Box 564
Portage, Wisconsin 53901

Bibliography

Information for this paper was taken from the SKI-HI Home Visit Curriculum available from:

SKI-HI Institute
Department of Communicative Disorders
UMC 10
Utah State University
Logan, Utah 84322

Overview of Program

The four phases and eleven skills of the auditory program are shown below. The approximate time line indicates the estimated amount of time spent by a profoundly deaf infant in each phase. The age of the child upon entry into the program and the amount of hearing loss are among the factors which will affect the time needed to progress through the four phases.

Phases	Skills
Phase I (4-7 months)	1. ATTENDING: child aware of presence of home and/or speech sounds but may not know meanings; stops, listens, etc. 2. EARLY VOCALIZING: child coos, gurgles, repeats syllables, etc.
Phase II (5-16 months)	3. RECOGNIZING: child knows meaning of home and/or speech sounds but may not be able to locate; smiles when hears Daddy home, etc. 4. LOCATING: child turns to, points to, locates sound sources 5. VOCALIZING WITH INFLECTION: high/low, loud/soft and/or up/down
Phase III (9-14 months)	6. HEARING AT DISTANCES AND LEVELS: child locates sounds far away and/or above and below 7. PRODUCING SOME VOWELS AND CONSONANTS
Phase IV (12-18 months)	8. ENVIRONMENTAL DISCRIMINATION AND COMPREHENSION: child hears differences among and/or understands home sounds 9. VOCAL DISCRIMINATION AND COMPREHENSION: child hears differences (a) among vocal sounds, (b) among words, or (c) among phrases and/or understands them 10. SPEECH SOUND DISCRIMINATION AND COMPREHENSION: child hears differences among and/or understands distinct speech sounds 11. SPEECH USE: child imitates and/or uses speech meaningfully

Auditory Program Sub-Skills

PHASE I

SKILLS	
1. Attending	1. Attending to environmental sounds and voice
	2. Attending to distinct speech sounds
	3. Use of auditory clues, showing source of sound and reinforcement
	4. Identification of responses to sound
2. Early Vocalizing	5. Stimulation for and reinforcement of all vocalizations and child activity sounds

PHASE II

3. Recognizing	6. Recognition of objects and events from sound source
	7. Sound as first source of information
4. Locating	8. Locating sound source in space
	9. Reinforcement of attempts to localize
5. Vocalizing with Inflection	10. Vocalization varied in duration, intensity, and pitch
	11. Tonally expressive speech
	12. Speech breathing

PHASE III

6. Distances and Levels	13. Locating sound source at increased distance and different levels
7. Producing Vowels & Consonants	14. Reinforcement of child's speech attempts and stimulation for vowels then consonants
	15. Stimulation with meaningful words

PHASE IV

8. Environmental Discrimination & Comprehension	16. Discrimination and comprehension of environmental sounds
9. Vocal Discrimination & Comprehension	17. Discrimination and comprehension of gross vocal sounds
	18. Discrimination and comprehension of words and phrases
10. Speech Discrimination & Comprehension	19. Discrimination and comprehension of fine speech sounds — vowels
11. Speech Use	20. Discrimination and comprehension of fine speech sounds — consonants

Home Language Stimulation Program: Total Communication

Rationale/Goals

The Home Communication Program enables family members to interact with the hearing impaired child and to make a decision concerning the most appropriate communication method. After a communication base has been established and a communication method has been chosen, it is time for the family to concentrate on language input for the child. It is time for the SKI*HI Home Language Stimulation Program to begin. If a decision has been made for the family to use total communication, language input in the home will be *total communication*. Family members will use all communication signals at their disposal to communicate with the hearing impaired child.

In order to help family members use total communication, the parent advisor will guide the family through the SKI*HI Home Total Communication Program. This program will enable family members to learn total communication and to use it consistently and effectively in the home.

Overview of Program

The Total Communication Program involves two basic components: (a) family members learn to sign (if possible from the SKI*HI video program), (b) family members are given 10 lessons on using total communication consistently and effectively in the home.

Learning signs (video lessons) ⟶

Total communication lessons ⟶

Lesson 1:
Family receives overview of learning and using total communication.

Lesson 2:
Family learns how to encourage gestures and baby signing in the hearing impaired child (if child is on this level).

Lesson 3:
Family learns how true signs will unfold in the hearing impaired child.

Lesson 4:
Family learns an expanded vocabulary and how to teach the hearing impaired child a basic vocabulary by using the skill of *simplicity*.

Lesson 5:
Family learns how to teach the hearing impaired child a basic vocabulary by using the skill of *emphasis*.

Lesson 6:
Family learns how to teach the hearing impaired child a basic vocabulary by using the skill of *reinforcement*.

Lesson 7:
Family learns how to consistently sign direct conversation.

Lesson 8:
Parents learn how to consistently sign during the home visit.

Lesson 9:
Family learns how to consistently sign background conversation.

Lesson 10:
Family learns eight skills to improve signing effectiveness.

BEST COPY AVAILABLE